

**Agency/Department Name:**

Discipline Codes: Fire Service (FS); Emergency Management (EMA); Emergency Medical Services (EMS); Police (LE); Public Health (PH); Health Care/Hospitals (HC); Government Administrative (GA); Other (O).

Department Payroll Specialist/Director Signature and Date

OHS Reviewer Initials: \_\_\_\_\_ Appr / Rej \_\_\_\_\_ Date: \_\_\_\_\_

# Mayor's Office of Homeland Security Program Reimbursement Form Instructions

When submitting for either **Backfill or Overtime reimbursement for Office of Domestic Preparedness (ODP) approved Training Courses** or for **expenditures directly related to any ODP approved Exercise**, the attached **Reimbursement Form** accompanying the payment voucher should contain the following information for each individual that participated:

1. **Discipline** – As directed beneath the chart, enter the correct Discipline Code: Fire (FS); Emergency Management (EMA); Emergency Medical Services (EMS); Police (LE); Public Health (PH); Health Care/Hospitals (HC); Government Administrative (GA); Other (O).
2. **ID No.** – The identification number supplied by your department or office.
3. **Name of Officer**
4. **OT/BF** – Specify whether you are seeking reimbursement for Overtime (OT) or Backfill (BF).
5. **Date(s)** – If an event spans multiple days, it can be represented on the same line.
6. **Total Hours** – Total hours reflecting course/exercise, across multiple dates (if applicable).
7. **Description** – The course name, ODP Course Code #, or other specific description of the course for which you are seeking reimbursement. In the case of an exercise, the name of the Exercise should be noted in this space.
8. **Hourly Pay Rate** – Officers' hourly rate for the overtime/backfill.
9. **Total Paid** – Total hours x hourly rate.
10. **Pay Date** – Date of the paycheck issued from your department/agency to the employee.
11. **Warrant Number** – Number generated by your payroll department that references the specific paycheck that was sent to this officer.

If possible, also include the attendance spreadsheet, certificate, letter, or any other documentation of proof that training occurred for those who attended and completed the course. If a certificate is provided, one shall suffice for each training, i.e. if fifty first responders attend a course, only one certificate from one of the fifty attendees is necessary.

The City of Boston will honor reimbursement for exercises, as approved in advance by the Mayor's Office of Homeland Security. Be advised that all After Action Reports and Improvement Plans following an exercise is required by the Office of Domestic Preparedness.

## Example:

Discipline	ID No.	Name of Officer	OT/BF	Date(s)	Total Hours	Description	Hourly Pay Rate	Total Paid	Pay Date	Warrant No.
LE	9876	Sgt. Joseph Smith	OT	3/14 – 3/16	24	WMD Awareness for LE	\$20.00	\$480.00	3/25/2005	54321
FS	1234	Lt. Jane Doe	OT	6/4	8	Operation Atlas	\$30.00	\$240.00	6/17/2005	56789